

CONSENT TO SHARE INFORMATION FORM

Use this form if you want to give your consent:

- for QSA to share your personal information, including your Stoma Appliance Scheme participation with a person or organisation of your choice
- to allow another person or organisation (third party) to act on your behalf when dealing with QSA

Consent can be given by a QSA member, a responsible person* for a QSA Member or a person who is already registered with QSA as an authorised person for the QSA member.

You can **withdraw** your consent at any time. You can let us know by mail, email, in person or over the phone that you no longer consent to us sharing information on your behalf.

How do I return this form to QSA?

There are a few ways you can return this form to us:

- **Email:** enquiries@qldstoma.asn.au
- **Mail:** QSA Ltd, PO Box 370 CHERMSIDE SOUTH QLD 4032
- **In person:** Unit 1/10 Valente Close, CHERMSIDE QLD 4032

Part A: Your details

Your Full Name	
Please Indicate	<input type="checkbox"/> I am the QSA member, or <input type="checkbox"/> I am a responsible person* acting on behalf of a QSA Member <hr style="width: 20%; margin: 0 auto;"/> <p style="text-align: center;"><i>(insert members full name)</i></p> <p><small>* A Responsible Person can be ar parent, a child or sibling who is at least 18 years old; a spouse or defacto partner; a relative who is at least 18 years old and a member of the applicants household; a legally appointed guardian; an enduring power of attorney; or a person with whom the applicant has an intimate personal relationship.</small></p>
QSA Member Number	
Contact Phone Number	
Contact Email	

Part B: The details of the person or organisation to whom you are giving consent

Please use a separate page for each additional person or organisation

Full Name	
Organisation (if applicable)	
Phone	
Email	
Signature of person to whom you are giving consent	

I am providing consent for QSA to share the following information about me with the person or organisation named above:

- my name, date of birth, membership number and membership status
- my address, email and phone number
- details about my Stoma Appliance Scheme orders

I am providing consent the person or organisation named above to:

- change my personal details held by QSA including communication preferences
- submit Stoma Appliance Scheme orders on my behalf.

I am giving consent for

- One time only Until a set date ___ / ___ / ____ Ongoing (enduring)

Part C: Declaration

I confirm that:

- I understand I can get further information about how QSA handles my personal information from the Privacy Notice or Privacy Policy on the QSA website.
- I understand that QSA can discuss my personal information including information about my participation in the Stoma Appliance Scheme with the person or key contact named above
- I understand I can withdraw this consent at any time by contacting QSA.

Signature:		Date:	___/___/___
Name:			